

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
101234567

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1		1	
2						
3	2		2		2	
4	1		1		1	
5	1		1		1	
6	3		3		3	
7	3		3		3	
8	3		3		3	
9	1		1		1	
10	1		1		1	
11	4		4		4	
12	4		4		4	
13	4		4		4	
14	4		4		4	
15	4		4		4	
16	4		4		4	
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50						
TOTAL IND.	2		2		2	
TOTAL DEP.	39		39		39	
TOTAL CLAIMS	47		47		47	

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

COL +

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)								SERIAL NO 10/10/9324		FILING DATE	
CLAIMS											
NO.	AS FILED		AFTER SEARCHED		AFTER EXAMINED		NO.	AS FILED		AFTER SEARCHED	
	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.		NO.	O.C.P.	NO.	O.C.P.
1			1				61				
2			2				62				
3			3				63				
4			4				64				
5			5				65				
6			6				66				
7			7				67				
8			8				68				
9			9				69				
10			10				70				
11			11				71				
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16			16				76				
17			17				77				
18			18				78				
19			19				79				
20			20				80				
21			21				81				
22			22				82				
23			23				83				
24			24				84				
25			25				85				
26			26				86				
27			27				87				
28			28				88				
29			29				89				
30			30				90				
31			31				91				
32			32				92				
33			33				93				
34			34				94				
35			35				95				
36			36				96				
37			37				97				
38			38				98				
39			39				99				
40			40				100				
41			41				TOTAL NO.				
42			42				TOTAL O.C.P.				
43			43				TOTAL FEE				